

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 141  
Registered No. 540

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_  
City Miami No. 114 Red Springs Canon  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child.** Thomas Bautista { If child is not yet named, make supplemental report, as directed.

**3. Sex of Child** Male **To be answered ONLY in event of plural births.** **4. Twin, triplet or other.** \_\_\_\_\_ **5. No., in order of birth.** \_\_\_\_\_ **6. Legitimate?** yes **7. Date of birth** Feb. 7, 1926  
Month Day Year

**8. FATHER**  
**Full name** Isedro Bautista  
**9. Residence** Miami, Arizona  
(Usual place of abode)  
If non-resident, give place and state.

**10. Color of race** Mex. **11. Age at last birthday** 29 (Years)

**12. Birthplace (city or place)** Nagarit, Mex.  
(State or country)

**13. Occupation**  
**Nature of industry** Miner

**20. Number of children of this mother** \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 3  
(b) Born alive but now dead 2  
(c) Stillborn \_\_\_\_\_

**14. MOTHER**  
**Full maiden name** Ancila Castro  
**15. Residence** Miami, Arizona  
(Usual place of abode)  
If non-resident, give place and state.

**16. Color of race** Mex. **17. Age at last birthday** 26 (Years)

**18. Birthplace (city or place)** Baja Calif.  
(State or country)

**19. Occupation**  
**Nature of industry** Housewife

**21. Were precautions taken against ophthalmia neonatorum?** yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born at 1:30 A. m. on the date above stated  
(Born alive or stillborn)

Signature Lynil M. Brown M.D.  
Physician  
(Physician or midwife)

Address Miami, Arizona

Filed Feb 11, 1926 P. E. Dwyer

Month, day, year

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—in case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

321-307-136